

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035799

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1287

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
1 0397		
2 1120		
3		
4 0		
5 2		
6		
7 0		
8 0		
9 177X		
10		
11		
12 1-0		
13		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	MEDICAL CERTIFICATION
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 2 MO	c. CITY OR TOWN MARSHFIELD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 720 N FULTON
3. NAME OF DECEASED (Type or print) First Middle Last OTIS ELBERT PATTON		4. DATE OF DEATH Month Day Year SEPT 20 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET MINISTER		10b. KIND OF BUSINESS OR INDUSTRY MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME WILLIAM A. PATTON		13b. MOTHER'S MAIDEN NAME LOU HOUNSCHER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address WILMA BROOKS MARSHFIELD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate gland Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 255 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H.L. Ellis M.D.		22b. ADDRESS 115 Prof. Bldg., Springfield Mo	22c. DATE SIGNED 9/21/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-22-1963	23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	23d. LOCATION (City, town, or county) (State) MARSHFIELD MO
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS, MARSHFIELD		25. DATE RECD. BY LOCAL REG. 9-23-63	26. REGISTRAR'S SIGNATURE Lennie Medley

(Licensed Embalmer's Statement on Reverse Side)

9/20/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mr. Brown, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.